

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

# MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

Do not use this space.

41927 <sup>a</sup>

## 1. PLACE OF DEATH

County Madison

Registration District No. 626

Township Independence

Primary Registration District No. 2828

City Hopkins P.F.D. (No. \_\_\_\_\_)

St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

Alfred Edward Duncan

(a) Residence, No. Hopkins P.F.D. 2 St. Ward \_\_\_\_\_

(Usual place of abode) Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Maude Comgys</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 13, 1892</u>		
7. AGE <u>59</u>	YEARS <u>7</u>	MONTHS <u>13</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) <u>July 1, 1931</u>		11. Total time (years) spent in this occupation <u>Life</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bartlett Iowa</u>		
13. NAME <u>Samuel Duncan</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Uniontown Pennsylvania</u>		
15. MAIDEN NAME <u>Unkman</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Uniontown Pennsylvania</u>		
17. INFORMANT (ADDRESS) <u>Mrs. Alfred Duncan Hopkins P.F.D. #2</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Hopkins</u> DATE <u>Dec. 28, 1931</u>		
19. UNDERTAKER (ADDRESS) <u>J. E. Wetmore</u>		
20. FILED <u>1-30</u> 19 <u>32</u> <u>Chas. Campbell</u> Registrar		

## 1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 26, 1931

22. I HEREBY CERTIFY, That I attended deceased from Feb, 1931, to Dec 26, 1931.  
I last saw him alive on 12/25, 1931. Death is said to have occurred on the date stated above, at 8 a. m.  
The principal cause of death and related causes of importance were as follows:  
Chronic valvular disease of heart  
92A  
92A  
Other contributory causes of importance:  
none

Name of operation 5 Date of ✓  
What test confirmed diagnosis? Chemical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_  
(Signed) Quintus R. Hopkins M. D.  
(Address) Hopkins

